

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	/						51					
2							52					
3							53					
4							54					
5							55					
6							56					
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28							78					
29							79					
30	/						80					
31	/	/					81					
32	/	/					82					
33	/	/					83					
34	/	/					84					
35	/	/					85					
36	/	/					86					
37	/	/					87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	67						TOTAL DEP.					
TOTAL	71						TOTAL					